PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

					1)-2/3-2885			
INSTRUCTIONS: This appropriate. All further indicated unless correct maintenance fee notifica	form should be used correspondence includi ed below or directed of tions.	for transm ng the Pa herwise in	mitting the ISSI stent, advance on Block 1, by (should be completed when t correspondence address a parate "FEE ADDRESS" for
CURRENT CORRESPOND	ENCE ADDRESS (Note: Use B	y change of address)	Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.					
20151	7590 10/0							
HENRY M FE HENRY M FEI 708 THIRD AV SUITE 1501			Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmits look being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEET address above, or being factorinite transmitted to up USPTO (571) 273-285 % on the date indicated below.					
NEW YORK, NY 10017				H	enry M./ by	JEK)	TARK	(Depositor's name)
rusti roma, r	1 10017				ALLA	W.	eenor	(Signature)
					January 6,	, 201	0 /	(Date)
APPLICATION NO.	APPLICATION NO. FILING DATE		FIRST NAMED INVENT		R ATTORNEY DOCKET NO			CONFIRMATION NO.
10/517,640	0/517,640 01/04/2005			Stepban Fegert		FEGERT		3103
TITLE OF INVENTION: METHOD AND APPARATUS FOR CONTROL AND LOCATION OF AN INSTRUMENT OR APPLIANCE								
APPLN. TYPE	SMALL ENTITY		JE FEE DUE	PUBLICATION FEE DUE			TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO		\$1510	\$300	\$0		\$1810	01/07/2010
EXAMINER ART UNIT				CLASS-SUBCLASS				
BOR, HELENE CATHERINE 3768 600-425000								
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1363). Change of correspondence address (or Change of Correspondence Address from 1970SB1/22) attached. Tick Address Tem 1970SB1/22) attached. Tick Address Indication (or "Fee Address" Indication form PTOSB1/47; Rev 03:02 or moc recent) attached. Use of a Customer Number is required.				2. For printing on the pattern froat page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the same of a single firm (having as a member a registered pattent attorneys or agent) and the names of up to 2 registered pattent attorneys or agents. If no name is black, no name will be printed.				
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)								
PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the patent. If an assignce is identified below, the document has been filled for recordation as set forth in 27 CPR 3.11. Completion of this form is NOT a substitute for filling an assignment.								
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Rayonex Schwingungstechnik GmbH Lennestadt / Germany								
Associated to the state of the								
Please check the appropriate assignce category or categories (will not be printed on the patent): 🔲 Individual 🚨 Corporation or other private group entity								
4a. The following fee(s) are submitted: 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)								
Issue Fee	in small antity discount	☐ A check is enclosed. ☐ Payment by credit card. Form PTO-2038 is attached.						
Publication Fee (No small eatity discount permitted) Advance Order - # of Copies				The Director is hereby authorized to charge the required fec(s), any deficiency, or credit any overpayment, to Deposit Account Number 06-0502 (enclose an extra copy of this form).				
5. Change in Entity Stu				overpayment, to Depo	sit Account Numbe	er <u>U6-</u>	0502_ (enclose a	n extra copy of this form).
	s SMALL ENTITY state		CFR 1.27./	☐ b. Applicant is no lon	ser claiming SMAl	LENT	TTY status. Sec. 37 C	FR 1 27(e)(2)
NOTE: The Issue Fee an interest as shown by the	d Publication Foe (if/red	histor whi						he assignee or other party in
Authorized Signature	All	M		Date /-	6-10	0		
Typed or printed name HENRY M. FEIEREISEN				Date 1 - 6 - 10 Registration No. 31,084				
This collection of inform an application. Confiden submitting the complete this form and/or suggest Box 1450, Alexandria, V Alexandria, Virginia 223	nation is required by 37 C tiality is governed by 35 d application form to the lons for reducing this bu firginia 22313-1450. DC 113-1450.	U.S.C. 1: U.S.C. 1: USPTO. rden, shoo O NOT SE	l. The informatic 22 and 37 CFR Time will vary uld be sent to the END FEES OR	on is required to obtain or r 1.14. This collection is est r depending upon the indive e Chief Information Office COMPLETED FORMS TO	ctain a benefit by t imated to take 12 s idual case. Any co or, U.S. Patent and D'THIS ADDRESS	he publi minutes omments Tradem S. SEND	c which is to file (and to complete, including on the amount of the ark Office, U.S. Dep TO: Commissioner	d by the USPTO to process) ng gathering, preparing, and me you require to complete artment of Commerce, P.O. for Patents, P.O. Box 1450,

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.